

CITY OF MILWAUKEE

PROPERTY RECORDING APPLICATION

(As required by City Ordinance 200-51.5)

SECTION 1: TYPE OF APPLICATION

(See Section 1 instructions)

PLEASE TYPE OR PRINT IN INK!

☐ ☆ Original recording - \$35 fee for each property (taxkey).

☐ Change of ownership application - \$35 fee for each property (taxkey). **MUST COMPLETE NEXT LINE!**

Date of property sale or transfer: ____/____/____(Month/Day/Year).

(If not recorded within 15 days of transfer/sale, fee doubles to \$70 for each property (taxkey).)

☐ Update application previously submitted - No fee if voluntarily submitted within 15 days of change.
Enter date of application change here: ____/____/____(Month/Day/Year) and check the appropriate box (es) below:

☐ Ownership address or phone change (Section 3 change)

☐ Correcting previous error. Describe_____.

☐ Registered Agent, Operator or Primary Contact change (Sections 3B, 4, 5)

☐ Other change to existing application.
Describe_____.

SECTION 2: PROPERTY DESCRIPTION

(See Section 2 instructions)

Taxkey Number

Property Address

Residential Units

ADDITIONAL PROPERTY LIST ATTACHED (Y/N) _____NUMBER OF PROPERTIES ON ATTACHED LIST _____

SECTION 3: OWNERSHIP INFORMATION (FILL OUT THE APPROPRIATE SECTION BELOW)

☐ ← CHECK HERE IF THIS PROPERTY IS OWNED BY MORE THAN 2 OWNERS.
ATTACH A SIGNED AND NOTARIZED LIST OF ALL ADDITIONAL OWNERS
IN THE FORMAT SHOWN IN SECTION 3A OR 3B.

3A: Owned by Person (s)

(See Section 3A instructions)

OWNER 1:

If property is jointly owned such as husband and wife,
each name must be listed separately below as Owner 1 & Owner 2.

Last Name

First Name

MI

Jr., III, etc.

Date of Birth: ____/____/____
(Month/Day/Year)

Street Address

City

State

Zip Code

Check One: ADDRESS – Home ()

PHONE – Home (____) ____-____

Business ()

Business (____) ____-____

Ownership Type MUST be selected: (CHECK ONLY ONE)
() Titleholder () Land Contract Seller () Land Contract Purchaser () Other - Specify _____

PREFERRED MAILING ADDRESS (optional):

PO Box or Street Address

City

State

Zip Code

“Doing Business As” Name (Optional) : _____

OWNER 2:

Last Name

First Name

MI

Jr., III, etc.

Date of Birth: ____/____/____
(Month/Day/Year)

Street Address

City

State

Zip Code

Check One: ADDRESS – Home ()

PHONE – Home (____) ____-____

Business ()

Business (____) ____-____

Ownership Type MUST be selected: (CHECK ONLY ONE)
() Titleholder () Land Contract Seller () Land Contract Purchaser () Other - Specify _____

PREFERRED MAILING ADDRESS (optional):

PO Box or Street Address

City

State

Zip Code

“Doing Business As” Name (Optional) : _____

(Don’t forget! – At least one owner must sign in Section 6)

3B: Owned by Corporation, Limited Partnership, Limited Liability Company, Limited Liability Partnership
as registered with the Wisconsin Department of Financial Institutions

(See Section 3B instructions)

Check One: ☐ Corporation ☐ Limited Partnership ☐ Limited Liability Company, ☐ Limited Liability Partnership
(Registered agent & WI CORP. ID # required)

Business Phone (____) ____-____

Name of Corporation, Limited Partnership, or Limited Liability Company or Limited Liability Partnership

Registered Agent’s Last Name

First Name

MI

Jr., III, etc.

Wis. Corp. Div. I.D. #

Street Address

City

State

Zip Code

Corp., LP’s,LLC’s or LLP’s Address (as recorded with the State file)

Ownership Type MUST be selected: (CHECK ONLY ONE)
() Titleholder () Land Contract Seller () Land Contract Purchaser () Other - specify _____

PREFERRED MAILING ADDRESS (optional):

PO Box or Street Address

City

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3C: Owned by Trust, Estate or Other(See Section 3C instructions)

Check One: ☐ Trust ☐ Estate ☐ Other (specify) _____

Phone (____) ____-____

Name of Trust, Estate or Other

Trustee or Personal Representative's Last NameFirst NameMIIr., III, etc.

Street AddressCityStateZip Code

Corp., LP's, LLC's or LLP's Address (as recorded with the State file)

Ownership Type MUST be selected: (CHECK ONLY ONE)
() Titleholder () Land Contract Seller () Land Contract Purchaser () Other - specify _____

PREFERRED MAILING ADDRESS (optional):

PO Box or Street AddressCityStateZip Code

SECTION 4: OPERATOR(See Section 4 instructions)
(Person who rents to tenants or has charge, care, or control of the building.)

Check One: ☐ Person
☐ Other (Specify) _____
Registered agent & WI CORP. ID # required for the following
☐ Corporation ☐ Limited Partnership ☐ Limited Liability Company,
☐ Limited Liability Partnership

Last NameFirst NameMIIr., III, etc.Date of Birth: ____/____/____
(Month/Day/Year)

Street AddressCityStateZip Code

Check One: ADDRESS – Home ()PHONE – Home (____) ____-_____
Business ()Business (____) ____-_____
REGISTERED AGENT OF CORP., LP, LLC OR LLP

Last NameFirst NameMIWis. Corp. Div. I.D. #

Code Violation Liability Statement

I, _____, as operator for all properties
(Print Name Please)
recorded pursuant to Ord. 200-51.5 and listed herein, acknowledge that I may
be held liable for violations of the Milwaukee Code of Ordinances for Orders
issued to me regarding these properties.
Operator's Signature _____ Date ____/____/____

State of _____
County of _____

Signed or attested before me on ____/____/____

Signature of notarial Officer (Seal ,if any)
My Commission Expires ____/____/____

SECTION 5: PREFERRED PRIMARY CONTACT(See Section 5 instructions)

If the preferred primary contact is one of the people listed in Sections 3 or 4
you need only enter their name in this section.

Last NameFirst NameMIIr., III, etc.

Street AddressCityStateZip Code

Check One: ADDRESS – Home ()PHONE – Home (____) ____-_____
Business ()Business (____) ____-_____

SECTION 6: SIGNATURES(See Section 6 Instructions.) All signature(s) below must be signed and dated in the
presence of a notary. Notary will witness and affix signature and seal (if any).

The undersigned hereby attests to the above information as accurately describing the
sale/transfer of the property to the best of their knowledge. Any falsification of
information will result in enforcement of penalties prescribed in S 946.321(1)
Wisconsin Statutes. Only one owner is required to sign the seller notification.

Owner 1 Signature _____ ____/____/____
Owner 2 Signature _____ ____/____/____
Officer of Corporation, Limited Partnership, Limited Liability Company or Limited
Liability Partnership _____ ____/____/____
Trust, Estate or Other _____ ____/____/____
Title of above Signatory _____

State of _____
County of _____

Signed or attested before me on ____/____/____

Signature of notarial Officer (Seal ,if any)
My Commission Expires ____/____/____

NOTE!: All attachments must be signed by at least one owner and notarized.

Make Check Payable to: CITY OF MILWAUKEE
Mail application to: PROPERTY RECORDING PROGRAM, Dept. of Neighborhood Services
841 N. Broadway RM 105, Milwaukee, WI 53202-3613

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